HERITAGE OF ELMWOOD NURSING HOME

232 EAST SPRINGER AVENUE

| ELMWOOD | 54740 | Phone: (715) 639-2911 | | Ownership: | City |
|-----------------|---------------|-----------------------|-----|-----------------------------------|---------|
| Operated from | 1/1 To 12/3 | 1 Days of Operation: | 365 | Highest Level License: | Skilled |
| Operate in Con | junction with | Hospital? | No | Operate in Conjunction with CBRF? | No |
| Number of Beds | Set Up and S | taffed (12/31/05): | 59 | Title 18 (Medicare) Certified? | Yes |
| Total Licensed | Bed Capacity | (12/31/05): | 59 | Title 19 (Medicaid) Certified? | Yes |
| Number of Resid | dents on 12/3 | 1/05: | 47 | Average Daily Census: | 47 |

| Age, Gender, and Primary Diagnosis | of Residents (12/ | 31/05) | | Length of Stay (12/31/05) | 8 | | | | |
|------------------------------------|-------------------|----------------|-------|-----------------------------|-------|--|--|--|--|
| Primary Diagnosis | % | Age Groups | * | | | | | | |
| Developmental Disabilities | 2.1 | Under 65 | 6.4 | More Than 4 Years | 17.0 | | | | |
| Mental Illness (Org./Psy) | 48.9 | 65 - 74 | 10.6 | | | | | | |
| Mental Illness (Other) | 10.6 | 75 - 84 | 34.0 | | 100.0 | | | | |
| Alcohol & Other Drug Abuse | 0.0 | 85 - 94 | 40.4 | | | | | | |
| Para-, Quadra-, Hemiplegic | 2.1 | 95 & Over | 8.5 | Full-Time Equivalent | | | | | |
| Cancer | 2.1 | | | Nursing Staff per 100 Resid | lents | | | | |
| Fractures | 2.1 | | 100.0 | (12/31/05) | | | | | |
| Cardiovascular | 6.4 | 65 & Over | 93.6 | | | | | | |
| Cerebrovascular | 4.3 | | | RNs | 7.5 | | | | |
| Diabetes | 6.4 | Gender | % | LPNs | 15.6 | | | | |
| Respiratory | 6.4 | | | Nursing Assistants, | | | | | |
| Other Medical Conditions | 8.5 | Male | 36.2 | Aides, & Orderlies | 58.4 | | | | |
| | | Female | 63.8 | | | | | | |
| | 100.0 | | | | | | | | |
| | | | 100.0 | | | | | | |

Method of Reimbursement

| | | edicare itle 18 | | | edicaid itle 19 | | Other | | | Private Pay | | | Family Care | | | Managed Care | | | | | |
|---------------------|------|--------------------|---------------------|-----|--------------------|---------------------|-------|-----|---------------------|----------------|-------|---------------------|----------------|-----|---------------------|-----------------|-----|---------------------|-------------------------|-------|--|
| Level of Care | No. | જે | Per Diem (\$) | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | Total Resi- dents | - Of | |
| Int. Skilled Care | 0 | 0.0 | 0 | 4 | 11.4 | 151 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 4 | 8.5 | |
| Skilled Care | 4 | 100.0 | 339 | 29 | 82.9 | 127 | 0 | 0.0 | 0 | 8 | 100.0 | 149 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 41 | 87.2 | |
| Intermediate | | | | 1 | 2.9 | 104 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 1 | 2.1 | |
| Limited Care | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | |
| Personal Care | | | | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | |
| Residential Care | | | | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | |
| Dev. Disabled | | | | 1 | 2.9 | 194 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 1 | 2.1 | |
| Traumatic Brain In | j 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | |
| Ventilator-Dependen | nt 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | |
| Total | 4 | 100.0 | | 35 | 100.0 | | 0 | 0.0 | | 8 | 100.0 | | 0 | 0.0 | | 0 | 0.0 | | 47 | 100.0 | |

County: Pierce Facility ID: 4120 Page 2
HERITAGE OF ELMWOOD NURSING HOME

************************************ Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/05 Admissions, Discharges, and ______ Deaths During Reporting Period % Needing Total % Percent Admissions from: Activities of Assistance of % Totally Number of Private Home/No Home Health 15.9 Daily Living (ADL) Independent One Or Two Staff Dependent Residents Private Home/With Home Health 9.5 Bathing 0.0 80.9 19.1 47 6.4 48.9 87.2 Other Nursing Homes 6.3 Dressing 6.4 47 38.3 12.8 47 Acute Care Hospitals 66.7 I Transferring Psych. Hosp.-MR/DD Facilities 0.0 Toilet Use 27.7 61.7 10.6 47 10.6 Rehabilitation Hospitals 0.0 Eating 83.0 6.4 47 Other Locations Total Number of Admissions 63 Continence Special Treatments 9 Receiving Respiratory Care Percent Discharges To: Indwelling Or External Catheter 8.5 27.7 Private Home/No Home Health Receiving Tracheostomy Care 33.3 Occ/Freq. Incontinent of Bladder 36.2 0.0 Private Home/With Home Health 23.8 Occ/Freq. Incontinent of Bowel Receiving Suctioning 14.9 0.0 Other Nursing Homes 4.8 Receiving Ostomy Care 0.0 9.5 | Mobility Receiving Tube Feeding Acute Care Hospitals 6.4 Psych. Hosp.-MR/DD Facilities 0.0 | Physically Restrained 12.8 Receiving Mechanically Altered Diets 31.9 Rehabilitation Hospitals 0.0 Other Locations 0.0 Skin Care Other Resident Characteristics

6.4

21.3

Have Advance Directives

Receiving Psychoactive Drugs

Medications

97.9

76.6

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

27.0 With Pressure Sores

63

With Rashes

Deaths

Total Number of Discharges

(Including Deaths)

| *************************************** | | | | | | | | | | | |
|--|----------|------------|---------|-------|-------|------------|---------|-------|--------|--|--|
| | | Ownership: | | Bed | Size: | Lic | ensure: | | | | |
| | This | Gove | ernment | 50 | -99 | Ski | lled | Al | | | |
| | Facility | Peer Group | | Peer | Group | Peer Group | | Faci | lities | | |
| | % | % | Ratio | % | Ratio | % | Ratio | % | Ratio | | |
| Occupancy Rate: Average Daily Census/Licensed Beds | 79.7 | 91.9 | 0.87 | 86.3 | 0.92 | 88.8 | 0.90 | 88.1 | 0.90 | | |
| Current Residents from In-County | 29.8 | 84.8 | 0.35 | 80.0 | 0.37 | 83.2 | 0.36 | 77.6 | 0.38 | | |
| Admissions from In-County, Still Residing | 9.5 | 27.4 | 0.35 | 18.8 | 0.51 | 18.7 | 0.51 | 18.1 | 0.53 | | |
| Admissions/Average Daily Census | 134.0 | 87.7 | 1.53 | 180.5 | 0.74 | 177.7 | 0.75 | 162.3 | 0.83 | | |
| Discharges/Average Daily Census | 134.0 | 91.8 | 1.46 | 178.7 | 0.75 | 179.2 | 0.75 | 165.1 | 0.81 | | |
| Discharges To Private Residence/Average Daily Census | 76.6 | 36.0 | 2.13 | 87.1 | 0.88 | 83.4 | 0.92 | 74.8 | 1.02 | | |
| Residents Receiving Skilled Care | 95.7 | 91.9 | 1.04 | 96.4 | 0.99 | 96.3 | 0.99 | 92.1 | 1.04 | | |
| Residents Aged 65 and Older | 93.6 | 83.3 | 1.12 | 93.5 | 1.00 | 91.3 | 1.03 | 88.4 | 1.06 | | |
| Title 19 (Medicaid) Funded Residents | 74.5 | 72.9 | 1.02 | 59.0 | 1.26 | 61.8 | 1.21 | 65.3 | 1.14 | | |
| Private Pay Funded Residents | 17.0 | 18.0 | 0.95 | 24.5 | 0.69 | 22.5 | 0.76 | 20.2 | 0.84 | | |
| Developmentally Disabled Residents | 2.1 | 2.7 | 0.79 | 0.8 | 2.51 | 1.1 | 1.93 | 5.0 | 0.43 | | |
| Mentally Ill Residents | 59.6 | 53.7 | 1.11 | 31.6 | 1.89 | 34.8 | 1.71 | 32.9 | 1.81 | | |
| General Medical Service Residents | 8.5 | 17.9 | 0.48 | 26.1 | 0.33 | 23.0 | 0.37 | 22.8 | 0.37 | | |
| Impaired ADL (Mean) | 39.6 | 48.8 | 0.81 | 47.8 | 0.83 | 48.4 | 0.82 | 49.2 | 0.80 | | |
| Psychological Problems | 76.6 | 63.4 | 1.21 | 57.6 | 1.33 | 59.5 | 1.29 | 58.5 | 1.31 | | |
| Nursing Care Required (Mean) | 11.7 | 8.0 | 1.47 | 7.0 | 1.68 | 7.2 | 1.63 | 7.4 | 1.58 | | |